

# PART B—ISSUE FEE TRANSMITTAL

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing, below.

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1. CORRESPONDENCE ADDRESS	
ROBERT A MILLER PATENT AND LICENSING DEPARTMENT NALCO CHEMICAL COMPANY ONE NALCO CENTER NAPERVILLE IL 60563-1198	A3M1/0619

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
INVENTOR'S NAME	
Street Address	
City, State and ZIP Code	
CO-INVENTOR'S NAME JUL 18 1997	
Street Address	
City, State and ZIP Code	
<input type="checkbox"/> Check if additional changes are enclosed	

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
SN 08/620,978	03/22/96	052	MCMAHON, T 1312	06/19/97
First Named Applicant DALLMIER, ANTHONY W.				

TITLE OF INVENTION  
PROCESS TO MANUFACTURE STABILIZED ALKALI OR ALKALINE EARTH METAL HYPOBROMITE AND USES THEREOF IN WATER TREATMENT TO CONTROL MICROBIAL FOULING

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 5244	422-014.000	031	UTILITY	NO	\$1290.00	09/19/97

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
08/26/1997 LBERGER 00000196 DAN:140105 08620978 01 FC:142 1290.00 CH	1 _____ 2 _____ 3 _____

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)	
(1) NAME OF ASSIGNEE:	
(2) ADDRESS: (CITY & STATE OR COUNTRY)	
A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	
6a. The following fees are enclosed: <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____ 6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER _____ (ENCLOSE A COPY OF THIS FORM) <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies _____ <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) _____ (Date) 6/30/97 NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	

## Certificate of Mailing

Note: If this certificate of mailing is used, it can only be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE  
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Washington, D.C. 20231

on: 7-15-97 (Date)  
S. A. B. NETTI (Name of person making deposit)  
J. G. B. NETTI (Signature)  
7-15-97 (Date)

1. TRANSMIT THIS FORM WITH FEE